PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

												_	
INSTRUCTIONS: This appropriate. All further of indicated unless correcte maintenance fee notificat	correspondence including below or directed other than the contract of the cont	pondence address;	and/or	nailed t (b) ind	icating a separ	rate "F	EE ADDRESS" fo	as OI					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
7590 11/30/2006						Cer	tificate	of Mail	ing or Transn	nission			
Christopher J. McDonald, Esq. HOFFMAN, WASSON & GITLER, P.C. Suite 522						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
2361 Jefferson Davis Highway Arlington, VA 22202						-	***				(Depositor's name)	;)	
Arington, VA 22			•				(Signature)	;)					
									(Date))			
APPLICATION NO.	FIRST NAMED INVEN	TOR	TOR ATTORNEY DOCKET			OCKET NO.	. CONFIRMATION NO.						
10/720,213	Nyle Elliott	A-8730			30	4978							
TITLE OF INVENTION:	SINGLE USE CATHE												
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	DUE	PREV. PAID ISSUI	E FEE	E TOTAL FEE(S) DUE			DATE DUE		
nonprovisional	YES		\$700	\$300		\$0			\$1000		02/28/2007		
EXAMINER			ART UNIT	CLASS-SUBCLASS	S								
MENDEZ, MANUEL A 3763			604-096010										
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				. · ·	•	atent front page, lis			II. E E man				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Wasson &								-	
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Gitler, P.C.							-		
B. ASSIGNEE NAME AN	ND RESIDENCE DATA	TOB	E PRINTED ON T	THE PATENT (print of	or typ	ne)						_	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.													
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STA2720720001781 00000138 1072021						72021	3					
OAKINGTO	Kingwood	, TEXAS 01 FC:2501 92 FC:1504			709.00 0 389.09 0								
Please check the appropris	ate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🖾 Co		on or oth	ner private gro			ıt	
la. The following fee(s) a	re submitted:		41:	o. Payment of Fec(s): ((Plea	se first reapply an	ıy previ	iously p	aid issue fee s	hown a	above)	_	
☐ Issue Fee ☐ A check is enclosed.													
Publication Fee (No		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2455 (enclose an extra copy of this form).											
Advance Order - #	of Copies		· · · · · · · · · · · · · · · · · · ·	overpayment, to I	Depos	sit Account Number	ge the re r <u>08</u>	-245	5 (enclose an	extra c	copy of this form).	•	
6. Change in Entity State a. Applicant claims	us (from status indicated SMALL ENTITY state		•	b. Applicant is no	long	ger claiming SMAI	L ENT	ITY sta	tus. See 37 CF	R 1.27	(g)(2).	_	
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee (if requested Sta	uired) v	will not be accepted		_							n	
Authorized Signature	Chrotoh	3		LD.		+		ber o	- '	06	/	_	
Typed or printed name			Registration N		41,5								
This collection of informa n application. Confidenti	tion is required by 37 C ality is governed by 35	FR 1.3 U.S.C.	11. The information 122 and 37 CFR	n is required to obtain 1.14. This collection i	or re	etain a benefit by the	he publi ninutes	c which to comp	is to file (and lete, including	by the	USPTO to process	s)	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.